

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09802504</i>	FILING DATE <i>03/09/01</i>
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/					51		
2	/					52		
3	/					53		
4	/					54		
5	/					55		
6	/					56		
7	/					57		
8	/					58		
9	/					59		
10	/					60		
11	/					61		
12	/					62		
13	/					63		
14	/					64		
15	/					65		
16	/					66		
17	/					67		
18	/					68		
19	/					69		
20	/					70		
21	/					71		
22	/					72		
23	/					73		
24	/					74		
25	/					75		
26	/					76		
27	/					77		
28	/					78		
29	/					79		
30	/					80		
31	/					81		
32	/					82		
33	/					83		
34	/					84		
35	/					85		
36	/					86		
37	/					87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	6					TOTAL IND.		
TOTAL DEP.	31	↓	↓	↓		TOTAL DEP.	↓	
TOTAL CLAIMS	37	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS